

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 5 - 1943 STANDARD CERTIFICATE OF DEATH

State File No. 31791

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Blue Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 9133 Wilson Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

VIRGINIA Ruth Meneley

3. (b) If veteran,

name war

3. (c) Social Security

No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased Oct 8 1918  
(Month) (Day) (Year)

8. AGE:

Years 24 Months 10 Days 16  
If less than one day hr. min.

9. Birthplace

Kansas City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

at home

11. Industry or business

12. Name Glynn Meneley

13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Yvonne

15. Birthplace Lawrence Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant Glynn Meneley

(b) Address 9133 Wilson Road

17. (a) Removal burial (b) Date thereof 8/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation La Roche, Kans.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo.

19. (a) 8-26-43 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Blue Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9133 Wilson Rd.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25  
year 1943 hour 4:30 minute 19 M.

21. I hereby certify that I attended the deceased from on 8-24-43  
that I last saw her alive on 8-24-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis Duration 2 hr.

Due to Acute Poliomyelitis

Due to 36

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Lewis E. Soper (M. D. or other)

Address Independence Mo. Date signed 8-25-43

14  
Lopez  
1110.6  
Merrill Rd

OCT 6 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank B. Hill

Licensed Embalmer No. 2249

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

\*If this body is not embalmed, fact should be so stated above.